

HS4L Courses

1st September 2025 – 14th August 2026

	Morning preferred Course choice	Afternoon preferred Course choice	FOR OFFICE USE ONLY
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Additional Activities			

Full Name: _____

Client Signature:

Date of Agreement:

Client Signature:

Authorised Signatory (where responsible for finance)

Date of Agreement:

	Monthly Fees	Fees Per Session
Half day: 10.00-12.15 or 12.45-3.00pm	£120.00	£30.00
Full day: 10am - 3.00pm	£240.00	£60.00
Complex disability carer supplement* *This is in recognition of the cost of a place being taken up by an accompanying carer.		£10.00 Half day £15 Full Day
Gym, Swim and Fitness sessions		£14.00

2025 - 26 Monthly Fees Payable

Own lunch must be provided. You may bring food to reheat in the microwave, at your own risk, provided you are competent to use a microwave unsupervised.

Name:.....

Signature:.....

Address:.....

.....

.....

Email Address:.....

Contact Tel. No:.....

Please sign this form and return it to us:

Harrogate Skills 4 Living, 9 North Park Rd, Harrogate,
HG1 5PD

We will issue you a copy for your records.

Your signature is required,
as acknowledgement that
you agree to these terms
and conditions

I agree to set up payment by
monthly Standing Order
(please tick)

I have authorisation to enter
into this financial agreement
and (please tick one of the
following):

- I am the client
- I am the client's Carer/Parent
- I am the client's Care Manager
- I am the client's Key worker
- I am the client's Residential
- Care Provider

FOR OFFICE USE ONLY:

Harrogate Skills 4 Living

Receiving Officer Signature:..... Date of Agreement:.....